

SALINGER (J.L.)

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NOTE ON THE LOCAL USE OF THE SALICYLATES IN THE TREATMENT OF SCARLET FEVER.

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HAVING observed the beneficial action of the salicylate of soda and salicylic acid applied locally in ointment, in eczema and other inflammatory conditions of the skin, it occurred to me to try their efficacy in the most pronounced type of inflammation of the skin, namely, scarlet fever. Accordingly, the salicylates were used in ointment, and no other medicament employed, the dose varying with the age of the child; but no stronger ointment being used than twenty grains to the ounce of oxide of zinc ointment. Mostly weaker ointments were used, and the salicylate of soda being preferred. It may be well, here, to detail a case as an illustration:

Herbert S., aged four, was attacked with typical scarlatina, beginning with a chill, vomiting, and high fever. Pulse, one hundred and fifty per minute, thready and weak. Early in the course of the second day the rash appeared, which was of the ordinary scarlet (boiled lobster) color. Involvement of the throat and glands at the angle of the jaw were also among the early manifestations. The temperature ran very high, ranging between 104° and 106° F.

The child was delirious the greater part of the time, and when not so complained of great itching and burning of the skin. He did not take medicine or food, and rectal alimentation had to be resorted to. In this condition an ointment was used, containing twenty grains of salicylate of soda to the ounce of oxide of zinc ointment. This ointment was well rubbed into the inflamed skin every four hours. It was observed that after several inunctions of the ointment the color of the rash began to fade in spots, and that soon after desquamation set in. The temperature fell about one and a half degrees after the second inunction. The

child subsequently recovered, with marked otitis media as a sequel, which up to this time, although nearly three years have elapsed, is not entirely well, having resisted treatment by the best specialists both in Philadelphia and New York.

In eight other cases in which I have tried this treatment, and in three other cases which have been placed at my disposal by medical friends, this treatment has proved very beneficial. It is certain that the marked itching and burning of the skin is almost instantly relieved, and the period of desquamation is ushered in sooner than in cases not so treated, and the temperature is lowered. In the cases observed by me desquamation usually began on the fourth day after the appearance of the eruption, which is certainly sooner than in cases not so treated. Of the fact that the salicylates are speedily absorbed, there can be no doubt, as the patients have often complained of marked ringing of the ears (tinnitus aurium) soon after a somewhat copious inunction. A notable fact, and one that will warrant further investigation, is that in none of the cases investigated (eleven in all) was there any sign of albuminuria. Careful and constant testing failed to show even a trace of albumen. Nor were there any other signs of kidney affection present. Whether this was mere coincidence, or whether it be due to the salicylates, I am at present not prepared to state; I only note the fact. Shakhovsky, in Keating's "Cyclopædia of Diseases of Children," Vol. I., page 574, goes so far as to state that: "salicylic acid will prevent all complications, such as uræmia, dropsy, diphtheria, anginas, and lymphadenitis, and will remove them when present." That it will not prevent or in any way favorably influence the disease of the middle ear, I have had ample opportunity of testing. While by no means claiming for the salicylates used locally the place of a specific remedy, yet I hold that their judicious use favorably influences the disease, in as far as the eruption fades sooner, the itching and irritation of the skin are removed, the temperature lowered, and possibly the kidney complication prevented.



